

FORMS BY MED LAB & LABEL BOX #47 ALBERTSON N.Y. 11307  
1183

Dr  
Bander

Fusion, E

COST  
CENTER # 6801

CAGE ID # 92080 RM. # \_\_\_\_\_

INVESTIGATOR \_\_\_\_\_ EXT. 65494

SP/STR BALB/c SEX ♀

DATE REC'D. \_\_\_\_\_ PO# \_\_\_\_\_

ID # OR  
#CAGE \_\_\_\_\_ VENDOR \_\_\_\_\_

Dr Lin Peggy

LNCap cell 6x10<sup>6</sup>/per mouse i.p.  
date \_\_\_\_\_

Fusion: E date \_\_\_\_\_ i.p.  
date \_\_\_\_\_ i.p.

ANIMAL MAINTENANCE  
CHARGES TO C.C. \_\_\_\_\_

FUND# \_\_\_\_\_

PROTOCOL# \_\_\_\_\_

final bioassay: \_\_\_\_\_  
\_\_\_\_\_